Getting Ready for Stage 2

Jim Kirkwood, MPH
Senior Director, eHealth
ASTHO

Bryant Karras, MD
Chief Public Health Informatics Officer
Washington Department of Health

Meaningful Use Stage 2:

- Stage 2 objectives begins:
  - 1st October 2013 for Eligible Hospitals (EHs)
  - 1st Jan, 2014 for Eligible Professionals (EPs)

- More healthcare providers…
  - sending more electronic data…
  - to more public health programs…
  - for the entire reporting year…
  - for higher stakes.

* CMS Electronic Health Record In[illegible]ogra

What to Do For Stage 2?

- Make a plan for each reporting period of Stage 2
  - Which types of exchange will be offered, and how?
  - Will an HIE be used?
- Work with providers on registration
- Work closely with HIT coordinator and Medicaid agency
- Organize internally and educate staff

Stage 2 MU – Public Health Agency Responsibilities

Stage 2 MU includes new guidance and processes for public health reporting

- Declaration of Public Health Agency (PHA) Capabilities
  - CMS developing a centralized repository of PHA capacity information
- EP/EH Registration with PHA
  - Providers registering intent with PHA to initiate ongoing submission

Stage 2 MU – Public Health Agency Responsibilities

Stage 2 MU includes new guidance and processes for public health reporting

- On-boarding/Ongoing Submission
  - Expectation of ongoing submission of data to PHAs
  - Written requests from PHAs instructing providers take action during the onboarding process
- Acknowledgments to EP/EHs
  - Communication from the PHA affirming that the provider was able to submit relevant public health data

Stage 2 MU Public Health Reporting Requirements Task Force

Formed to discuss and develop consensus around standardization of the new processes across domains and across jurisdictions

Representatives from: AIRA, ASTHO, NACCHO, ISDS, CSTE, PHII, NAACCR, State PHAs, ONC, CDC, and others.

Stage 2 MU Public Health Reporting Requirements Task Force (Continued)

Task Force Focus Areas (Work Lanes)

- Declaration Process
- Business Processes
  - Registration of Intent
  - Onboarding
  - Acknowledgement of ongoing submission
- Transport & Specialized Registries Reporting
- Inputs to this Task Force include:
- Leveraging and expanding on work done during breakout groups at the recent JPHIT Meeting – 10/15– 10/17

Stage 2 MU – Public Health Agency Declaration Process

From the Stage 2 MU Final Rule:

To clarify the timing issue, **the EP or hospital must determine if the PHA has the capacity to accept electronic data using the specification prescribed by ONC for the public meaningful use within the first 60 days of the EHR reporting period**. If the PHA does not have the capacity to accept reporting (including situations when the PHA accepts electronic data but states it lacks capacity to enroll the EP, eligible hospital or CAH during that reporting period), the EP or hospital can claim an exclusion for this measure related to the data that cannot be accepted. **In determining whether the PHA has the capacity, CMS anticipates developing a centralized repository for this information, including a deadline for the PHA to submit information. If the PHA fails to provide information to this centralized repository by the deadline, the provider could claim the exclusion.** In the event, that we are unable to develop a centralized repository, providers will make the determination of PHA capacity by working directly with the PHA as is currently the case for Stage 1 of meaningful use.

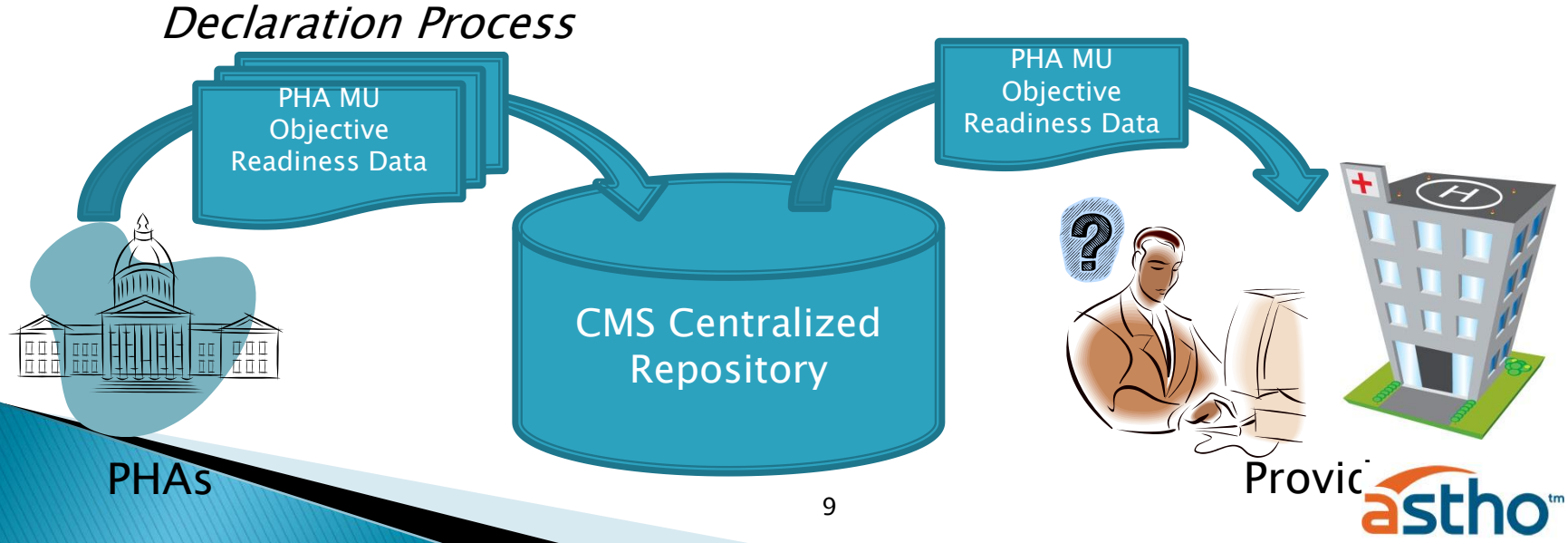
(Source: http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf, 54021)

Stage 2 MU – Public Health Agency Declaration Process

What is the "Declaration Process"?

The new process associated with CMS establishing a centralized repository for providers to use when determining whether a Public Health Agency has the capacity to accept electronic data using the specifications prescribed by ONC for the public health related objectives.

PHAs will have to "declare" their Stage 2 MU readiness to CMS



Stage 2 MU – Public Health Agency Declaration Process

Implications for PHAs

- Must provide Stage 2 MU capacity information to populate the repository by deadline set by CMS
  - Determine which objectives the PHA will support (accept registration of intent, onboard, and ongoing submission)
  - Determine the provider type(s) it will support for the objectives (EPs, EHs/CAHs)
  - Provide the required data to CMS to declare capacity
- If PHA does not provide capacity information to CMS, providers could take an exclusion for that objective

Stage 2 MU – Public Health Agency Declaration Process

Public Health Meaningful Use Declaration Process – Requirements and Recommendations

Stage 2 MU PH Reporting Requirements Task Force delivered a document containing requirements and recommendations related to the "Declaration Process" to CMS to inform their development of the centralize repository of PHA capacity.

Disclaimer: The actual functionality of the repository and processes to populate it may be significantly different from the task force's recommendations.

Declaration Process

General Information

- Allow any PHA to declare readiness
- Repository should only contain information on PHAs that provide readiness information to CMS by the deadline
  - MU PH objective(s) the PHA will support
  - MU PH objective(s) the PHA will NOT support
- Repository information available for EHs by 10/1/2013 and EPs by 1/1/2014

Declaration Process – Task Force Requirements and Recommendations

- PHAs should be allowed to validate the information in centralized repository prior to publishing
  - Ensure data submitted was captured accurately by CMS
- CMS communicate to the PHAs 15-30 days before the declaration deadline
  - Identify PHAs that have submitted data to CMS

Declaration Process – Task Force Requirements and Recommendations (continued)

- Declaration will be for the fiscal/calendar year
- PHAs should be allowed to update their readiness throughout the calendar year
- Declaration should be made by the health authority (e.g. commissioner, official, director)
- Coordination among authorities at different jurisdictional and programmatic level should be promoted/encouraged

Declaration Process – Task Force Requirements and Recommendations (continued)

PHA Supplied Data Elements (Partial List)

Name		Description
Public Health Objective		Name of Meaningful Use public health objective
	PHA Readiness	Whether or not PHA can technically receive data and accept EP/EH registration for the objective (Yes/No)
	PHA contact information	Information that the EP/EH can use to register with the PHA, learn how to attest (e.g. webpage hyperlink, email, phone)
	Transport	The method or methods of data/message transport supported for the objective
	Date/Time	The date and time that the PHA can technically receive data and accept EP/EH registration for the objective
	Memo	Unstructured text note providing additional information, needs to have a character limit

Declaration Process: Conclusion

The planned centralized repository would:

- Allow providers to more easily locate their PHAs to understand its capacity to support the MU objectives
- Provide some standardized information about PHA capacity

Stage 2 MU –Next Steps

- Business Processes (Work in Progress)
  - Registration of Intent
  - Onboarding
  - Acknowledgement of ongoing submission
- Transport & Specialized Registries Reporting Sub-Groups (Work in Progress)
- Communication
- Dissemination of Guidance documents

Working with Medicaid

- All state Medicaid agencies submit yearly Medicaid HIT plan updates
  - May include 90/10 match requests for working with HIEs (cost allocation)
- Public health will need to work with the Medicaid agency to determine if this is a viable option for some public health funding
- States have been successful in getting funding for:
  - Supporting a single gateway to public health MU systems
  - Onboarding providers

Getting Your Website Ready

- Maryland Department of Health and Mental Hygiene (http://mmcp.dhmh.maryland.gov/ehr/SitePages/meaningful-use.aspx)

- Washington Department of Health
  - http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ElectronicHealthRecordsMeaningfulUse.aspx

- Nebraska Department of Health and Human Services
  - http://dhhs.ne.gov/publichealth/epi/pages/MeaningfulUSe.aspx

Elements of a successful website

- Whether Meaningful Usereporting is ready, including date of readiness
- Transport mechanisms used
- Accepted message format(s) used
- Contact information for someone who can answer questions on Meaningful Use
- Specific information on onboarding/submission process
  - Steps in process
  - Length of time

- Emergency Medical Services (EMS) Systems
- Emergency Preparedness
- Healthcare Professions and Facilities
  - Best Practices
  - Data Reporting and Retrieval
    - Electronic Death Registration System (EDRS)
    - Electronic Health Records - Meaningful Use
      - Electronic Laboratory Reporting
        - On-Boarding
          - Step 1: Enrollment
          - Step 2: Pre-Testing
          - Step 3: Testing
          - Step 4: In Queue
          - Step 5: Validation
          - Step 6: Production
      - Immunization Information System
      - Syndromic Surveillance
    - Health Information Exchange
    - Hospital Financial Reporting
    - Hospital Inpatient Database (CHARS)
    - Immunization Information System
    - Washington Tracking Network (WTN)
  - Health Systems Quality Assurance Publications
  - Facilities Licensing
  - Hearings
  - Medical Marijuana (Cannabis)
  - Pain Management
  - Patient Care Resources
  - Prescription Monitoring Program (PMP)
  - Professional Resources
  - Restroom Access
  - Professions Licensing
  - Violence Against Women
  - Coordinated Quality

Electronic Laboratory Reporting On-Boarding Process

Click on a step below for more information:

Step 1 Enrollment	Eligible hospital notifies public health of interest in submitting electronic laboratory reporting data for Meaningful Use.
Step 2 Pre-Testing	Eligible hospital generates and evaluates electronic laboratory reporting test messages.
Step 3 Testing	Eligible hospital sets up data transport option and submits test messages to public health.
Step 4 In Queue	Eligible hospital is placed on a waitlist for ongoing submission and additional validation.
Step 5 Validation	Eligible hospital establishes ongoing electronic data feed to public health, maintains traditional "paper-based" reporting, and participates in data validation activities.
Step 6 Production	Eligible hospital reports via electronic feed and participates in periodic quality assurance activities.

Note: In the chart above, public health refers to Washington State Department of Health.

Helpful Links

- EHR Incentive Programs
- Health IT (ONC)
- Public Health Meaningful Use (CDC)
- Regional Extension Center
- WA EHR Incentive Program
- Washington State HIE

Emergency Medical Services (EMS) Systems
Emergency Preparedness
Healthcare Professions and Facilities
Best Practices
Data Reporting and Retrieval
Electronic Death Registration System (EDRS)
Electronic Health Records - Meaningful Use
Electronic Laboratory Reporting
On-Boarding
Step 1: Enrollment
Step 2: Pre-Testing
Step 3: Testing
Step 4: In Queue
Step 5: Validation
Step 6: Production
Immunization Information System
Syndromic Surveillance
Health Information Exchange
Hospital Financial Reporting

Step 1: Enrollment

1. Complete the Electronic Laboratory Reporting Enrollment Form.

Completing the electronic laboratory enrollment form provides Washington State Department of Health staff with important information on submitters.

Completion of this step assumes that the data submitter has acquired and implemented a certified health IT product capable of producing an HL7 2.5.1 ELR message.

Please note:

Eligible hospitals must continue traditional reporting practices (i.e. fax, phone, or mail) during implementation of electronic reporting until they complete all on-boarding and quality assurance processes.

Go to Step 2: Pre-Testing ➡

Questions?

Please contact us at informatics.csc@doh.wa.gov.

Helpful Links

- EHR Incentive Programs
- Health IT (ONC)
- Public Health Meaningful Use (CDC)
- Regional Extension Center
- WA EHR Incentive Program
- Washington State HIE

Meaningful Use Enrollment Form

Eligible hospitals and professionals may use this form to notify Public Health of their interest in Electronic Laboratory Reporting (Eligible Hospitals only) and/or submission of Syndromic Surveillance data for Meaningful Use. Do not use this form to enroll in immunization reporting (Please visit the Immunization Information System website for more information about immunization reporting).

Note for Eligible Professionals: Syndromic surveillance data from Eligible Professionals is being accepted on a case-by-case basis. After submission of the enrollment form, you will be notified of whether (A) a test message is required to place your clinic in the queue (which fulfills the submission requirement for Stage 1) or (B) you will be granted an exclusion. Eligible Professionals may register as a group; only one form is required per clinic on behalf of all providers that primarily practice at that clinic.

For more information, please contact the Department of Health Informatics Customer Support Center at informatics.csc@doh.wa.gov or visit the EMR Meaningful Use website.

ALL MULTIPLE CHOICE AND DROP DOWN QUESTIONS MUST BE ANSWERED TO SUCCESSFULLY SUBMIT THIS FORM.

Responses to this survey are subject to disclosure under RCW 42.56 (Public Records Act).

Electronic Health Record (EHR) Incentive Program Information

1. Which public health objective(s) are you interested in pursuing?

   - ◯ Electronic Laboratory Reporting (Eligible Hospitals ONLY)
   - ◯ Syndromic Surveillance
   - ◯ Both

2. What stage of Meaningful Use are you currently working towards?

   Please select one of the following: ▾

3. In which quarter do you expect you will be attesting?

   Please select one of the following: ▾

Site Information

4. 10 digit National Provider Identifier (NPI) for the physical location of the hospital or clinic (look up your NPI at a https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do):

Emergency Medical Services (EMS) Systems
Emergency Preparedness
Healthcare Professions and Facilities
Best Practices
Data Reporting and Retrieval
Electronic Death Registration System (EDRS)
Electronic Health Records - Meaningful Use
Electronic Laboratory Reporting
On-Boarding
Step 1: Enrollment
Step 2: Pre-Testing
Step 3: Testing
Step 4: In Queue
Step 5: Validation
Step 6: Production
Immunization Information System
Syndromic Surveillance
Health Information Exchange
Hospital Financial Reporting
Hospital Inpatient Database (CHARS)
Immunization Information System
Washington Tracking Network (WTN)
Health Systems Quality Assurance Publications
Facilities Licensing
Hearings
Medical Marijuana (Cannabis)
Pain Management
Patient Care Resources
Prescription Monitoring Program (PMP)
Professional Resources
Restroom Access
Professions Licensing
Violence Against Women

Step 2: Pre-Testing

1. Review Health Level 7 (HL7) Message Standards and HL7 Electronic Laboratory Reporting (ELR) Implementation Guide.

Meaningful Use requires that messages conform to specifications named in the final rule.

2. Review the Reportable Conditions Mapping Tables (RCMT).

The RCMT provides a map between Logical Observation Identifiers Names and Codes (LOINC) test codes, Systemized Nomenclature of Medicine (SNOMED) result codes and their associated reportable conditions.

3. Review Washington State reporting requirements:

- Notifiable Conditions Laboratory List (PDF)
- Legal Reporting Requirements

4. Use a certified Electronic Health Record (EHR) system to create test messages.

Please create at least one test message for each of the following:

- Communicable disease report (e.g. *Salmonella, B. pertussis*)
- Sexually Transmitted Disease (STD) report
- Human Immunodeficiency Virus (HIV) report
- Tuberculosis (TB) report
- Blood lead report
- Report of a culture that includes antimicrobial susceptibilities.

Create at least one message with each of these result types:

- Coded result
- Numeric result
- Structured numeric result (if produced by your system)

Helpful Links

- EHR Incentive P
- Health IT (ONC)
- Public Health M Use (CDC)
- Regional Exten
- WA EHR Incenti Program
- Washington Sta

Emergency Medical Services (EMS) Systems
Emergency Preparedness
Healthcare Professions and Facilities
Best Practices
Data Reporting and Retrieval
Electronic Death Registration System (EDRS)
Electronic Health Records - Meaningful Use
Electronic Laboratory Reporting
On-Boarding
Step 1: Enrollment
Step 2: Pre-Testing
Step 3: Testing
Step 4: In Queue
Step 5: Validation
Step 6: Production
Immunization Information System
Syndromic Surveillance
Health Information Exchange
Hospital Financial Reporting
Hospital Inpatient Database (CHARS)
Immunization Information System
Washington Tracking Network (WTN)
Health Systems Quality Assurance Publications
Facilities Licensing
Hearings
Medical Marijuana (Cannabis)
Pain Management
Patient Care Resources
Prescription Monitoring Program (PMP)
Professional Resources
Restroom Access
Professions Licensing
Violence Against Women
Coordinated Quality Improvement

Step 3: Testing

1. Select a data transport mechanism.

The Washington State Department of Health supports three transport options: Secure File Transport (SFT), Public Health Information Network Messaging System (PHINMS), and the Washington State Health Information Exchange (HIE).

SFT
SFT is a secure file transfer tool from Tumbleweed based on industry-standard Hyper Text Transfer Protocol Secure (HTTPS), hosted by Washington State Consolidated Technology Services (CTS). SFT is interoperable with standard HTTPS tools.
PHINMS
PHINMS is the public health standard for reporting to the Centers for Disease Control and Prevention (CDC) and is a standard for national laboratories reporting to states. The software is freely available from the CDC.
HIE
The Washington State HIE is implemented. However, the connection to the agency is not yet available for public health Meaningful Use messages. This functionality should be available soon. In the meantime, please use SFT or PHINMS.

2. Set up a transport mechanism.

Contact us at informatics.csc@doh.wa.gov to request information on how to set up a data transport mechanism with the agency.

3. Transmit test messages via the transport mechanism.

The messages will be reviewed by the agency to ensure that they meet standards specified for Meaningful Use as outlined in Step 2: Pre-Testing. If they do not meet standards, the eligible hospital will not move on to Step 4: In Queue until they correct all identified issues. Once the messages meet standards, the agency will inform the eligible hospital that they are "In Queue" and send a letter via email for attestation purposes. You may visit

Helpful Links

- EHR Incentive Programs
- Health IT (ONC)
- Public Health Meaningful Use (CDC)
- Regional Extension Center
- WA EHR Incentive Program
- Washington State HIE

Step 4: In Queue

Eligible hospitals who have successfully submitted qualifying test messages are placed into the queue. We anticipate the length of the queue will grow as Meaningful Use progresses; wait times will increase over time.

Once an eligible hospital reaches the front of the queue, they will be notified by agency staff when it is time to begin validation activities.

Please note:
Eligible hospitals must continue traditional reporting practices (i.e. fax, phone, or mail) during implementation of electronic reporting until they complete all on-boarding and quality assurance processes.

← Return to Step 3: Testing Go to Step 5: Validation →

Step 5: Validation

1. Work with Washington State Department of Health staff to set up an ongoing electronic data feed with daily reporting of laboratory messages.

The agency will contact the eligible hospital and provide instructions.

2. Work with the validation specialist to set up a parallel set of paper reports, in addition to the traditional reporting Health Level 7 message (HL7) test feed.

The validation specialist will contact the eligible hospital and provide instructions.

3. Work with the validation specialist to correct identified errors.

Electronic reports must be "as good as or better" than traditional reports. They will be measured for accuracy of data, completeness, timeliness of reporting, and correct jurisdictional routing. The validation specialist will communicate deficiencies to the eligible hospital so they can be addressed. All deficiencies must be addressed before an eligible hospital can move on to Step 6: Production.

← Return to Step 4: In Queue Go to Step 6: Production →

Step 6: Production

Once an eligible hospital has completed the validation step of the on-boarding process, they will be placed in production status. They will then stop their parallel validation feed.

At this point, eligible hospitals may also discontinue traditional reporting of non-immediately notifiable conditions. Electronic laboratory reporting **does not** meet the timeframe for reporting immediately notifiable results as required by Washington State law. Even if an eligible hospital is participating in electronic laboratory reporting, all results that are immediately notifiable **must** continue to be reported by phone.

Please review Washington State reporting requirements:

- Notifiable Conditions Laboratory List (PDF)
- Legal Reporting Requirements

← Return to Step 5: Validation

Preparing for Meaningful Use

Discussion

Questions on Preparing for Meaningful Use

- How have you educated staff at the Department on Meaningful Use?
- How is the department working with the HIE, as well as your State's Medicaid agency, to support MU?
- How do you coordinate across programs in the Department?
- How have you improved communications to EP and EH regarding connecting to PH?
- Do you have any advice for states in preparing for MU?

Questions?

Jim Kirkwood
(571) 522-2305
jkirkwood@astho.org